

FEDERAL COMMUNICATIONS COMMISSION
 Washington, DC 20554

 Approved by OMB
 3060-0076
 Est. time per response:
 1 hour
SECTION I - General Information

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent

 GCI Communications Corp
 2550 Denali Street Suite 1000
 Anchorage, AK 99503

☐ Check here if this
 is a change of
 address.

2. Year Report Filed

2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

January 26, 2019

4. Number of Full-Time Employees during Selected
Reporting Period (check one):
 a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
 b. ☒ 16 or more (complete all sections)
SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)																	
		Race/Ethnicity																	
		Hispanic or Latino		Not-Hispanic or Latino															Total Columns A - N
				Male						Female									
Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races						
Executive/Senior Level Officials and Managers	1.1	1	3	87	1	0	2	0	1	39	1	0	0	0	135				
First/Mid-Level Officials and Managers	1.2	8	5	118	4	1	4	7	4	64	4	0	6	4	231				
Professionals	2	11	7	251	14	2	16	7	7	118	3	0	17	4	460				
Technicians	3	29	1	317	15	12	23	44	10	32	3	0	3	2	492				
Sales Workers	4	0	0	15	1	0	1	0	2	4	0	2	0	0	25				
Administrative Support Workers	5	20	14	104	22	9	18	18	8	152	24	9	17	21	445				
Craft Workers	6	0	0	2	0	1	0	0	0	0	0	0	0	0	3				
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Laborers and Helpers	8	0	0	1	1	0	0	1	0	2	0	0	0	0	6				
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
TOTAL	10	69	30	895	58	26	64	77	32	411	35	11	43	31	1,797				
PREVIOUS YEAR TOTAL	11	79	31	968	56	22	65	81	33	457	38	8	46	32	1,927				

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino										Total Columns A - N			
				Male					Female								
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level Officials and Managers	1.1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	
First/Mid-Level Officials and Managers	1.2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
Professionals	2	0	0	14	0	0	0	0	0	9	0	0	0	0	0	23	
Technicians	3	2	2	13	0	1	1	35	0	4	0	0	0	1	0	59	
Sales Workers	4	0	0	4	0	0	0	0	0	3	0	0	0	0	1	8	
Administrative Support Workers	5	2	0	5	3	0	2	0	2	3	0	1	0	0	0	18	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	1	0	48	0	0	1	64	3	11	0	0	0	12	0	140	
Laborers and Helpers	8	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11	
Service Workers	9	0	1	2	0	0	0	0	0	4	0	0	0	0	0	7	
TOTAL	10	5	3	100	3	2	4	99	5	34	0	1	0	13	1	270	
PREVIOUS YEAR TOTAL	11	6	1	112	3	0	4	106	1	45	2	0	0	14	3	297	

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☒ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	Typed or Printed Name of Person Signing	Signature	Telephone No.
05/29/2019	Christina O. Bloom	<i>Christina O. Bloom</i>	(907) 868-5335
Title of Person Signing		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	
Recruiting Manager			